

CLAIMS ONLY

Application Number

10/620,702

Filing Date

Applicant(s)

BEST AVAILABLE COPY

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2						
3						
4						
5						
6						
7						
8		1				
9	1		1			
10				1		
11						
12	1		1			
13		1				
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50						
Total Indep	5		5			
Total Depend	15	15				
Total Claims	20	20				

*	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						